of OCCUPA-

1. PLACE OF DEATH		940		11000
County Breden	k		Registration Dist. No.	141
Village or City			Sution, give its NAME instead of stree	
00- 2	- 1 0 1		or roteign bittiryrs	
	in a angua	en		
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or tow	vn and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL C	ERTIFICATE OF DEAT	тн
male 4. color or race	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Mooth) (Day)	, 193 2 (Year)
a. If married, widowed, or divorced HUSBAND of		22	Y CERTIFY. That I att	anded deserved bree
(or) WIFE of Police Role	inson	July/	1922, 10 NOV 9	19.53
S. DATE OF BIRTH (month, day, and year)	Sef- 10 1887	I last saw h.l alive on		3 - death ts sal
. AGE Years Months	Days If LESS than	to have occurred on the date state	1110/1	
5/ 4	29 1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes of Importance	e Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	170 R R  11. Total time (years) spent in this occupation	Other Contributory Causes of imp	Sortance:	7mm
13. NAME  14. BIRTHPLACE (cit for town)	nderson	Name of operation.		le ot.
15. MAIDEN NAME ZAMA	Quillely .	What test confirmed diagnosis?	uses (VIOL ENCE) fill in also the fo	ere an autopsy?
15. MAIDEN NAME Journel  16. BIRTHPLACE (city or town)	1-11		Date of Injury	
(State or country)	no	Where did Injury occur?		
7. INFORMANT Ms Clayton (Address)	anderson	Specify whether injury occurred	(Specify city or town, county a In INDUSTRY, in HOME, or in PUBL	nd State) LIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Date Nov 12 1932	Manner of Injury		
9. UNDERTAKER (Address)	2 boon may	Nature of injury  24. Was disease or injury in any  It so, specify	1	Payl
O FILED DOWN 1132 W	M. H. A. H. A. Registrar.  e blanks are needed, address State Registrar,	(Signed) (Address)	MILLES ONS	Man

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7 + 4 +	STATE OF MARYLAND	CERTIFICATE OF DEATH
a of infor- ould state OCCUPA-	1. PLACE OF DEATH	93-0
X # # 50	County Trederich Mod.	Registration Dist. No. / 4/=
item of should of OCC	Village or City Grederick	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
.= -0	Length of residence in city or town where death occurred 40 yrs	
IAN men	2. FULL NAME Why Abest 199	cis)
RECORD. Every PHYSICIANS Exact statement	(a) Residence: No. 107 Water 81	St Ward.
HY:	(Usual place of abode)	If nonresident give city or town and State
RECO. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
A .	3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	Movember 22 193 2 (Month) (Oay) (Year)
A C A Sassif	58. If married, widowed, or divorced HUSBANO OF (or) WIFE of Marsaul E. O' Breen Bai	22. CHEREBY CERTIFY. That I attanded deceased from 1924 to Nov. 22 1937
SIN ERN F cl	6. DATE OF BIRTH (month, day and year) Oce. 18 1857	I last saw h saw alive on nov. 21 ,1992; death is said
R I	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR BI IS A PEI stated E properly certificate.	74 11 4 10ay,min.	The PRINCIPAL CAUSE OF OEATH and related causes of importance ware as follows:
- 70	8. Trada, profassion, or particular kind of work dona, as SPINNER, Petras SPINNER,	The second second
RESERVED G INK—THIS GE should be that it may be ons on back of	kind of work dona, as SPINNER, Seliced & The SAWYER, BOOKKEEPER, etc.  Industry or business in which work was dona, as SILK MILL.  SAW MILL, BANK, etc.  10. Date deceased last worked at 192 h 11. Total time (years) spent in this excupation (month and	Chr. Myrearditis
SERV VK-T should it may it back	SAW MILL, BANK, etc.	
INK E she at it	10. Date deceased last worked at 192 by 11. Total time (years) spent in this occupation (month and 192 by year) occupation.	
Zala		Other Cootributory Causes of Importance:
RGIN VFADIN plied	(State or country) , Gederich Co Mo	Heart Fribere 22-12 19
IARGI UNFAI supplied. n terms, ee instru	13. NAME Seo. Bair	
U U ut u tee	13. NAME See. Dair	Nama of operation Oata of
T S S	(State of county)	What tast confirmed diagnosis? Was there an autopsy?
INLY, WITU be carefully EATH in pla	15. MAIOEN NAME Wary demelate  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
LY, Wearef TH in	O 16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Accidant, suicida, or homicide? Oate of injury, 19  Where did injury occur?
PLAINLY hould be ea OF DEATH very impor	17. INFORMANT MAS Estias Wastler (Address) 10 1 Water 12	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
- 40	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
	Place MA alevel Cemela parelle VI. SU., 1932	Nature of Injury
WRITE mation sl	19. UNDERTAKER & Cling & Coling & Colin	24. Was disease or injury in any way related to occupation of deceased?
V. S. No.	20. FILEO 25-Nov., 1932 Ora. I Melinly	(Signed) It Laurence Fahrney M. D. (Addrass) Frederick Model
	If more blanks are needed, address State Recistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Corebral hemorrhage DEC 3 1932	July 5,1927	Peritonitis	3 days ago
RUREAU V.S.	1 5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No.

County Trederick	Registration Dist. No.13.2
Village or City Thiddletour	ND. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town whera death occurredyrs,	mosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Alvey L. Beach	ey
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID	WED. 21. DATE OF DEATH
Male White OR DIVORCED (write the	(Month) (Day) (Year)
. If married, widowed, or divorced HUSBAND of	
Vallie Reachler	22. I HEREBY CERTIFY, That I attanded deceased fro
DATE OF BIRTH (month, day, and year) Teh 3, 1831	I last saw h
AGE Years Months Days II LES	
61 9 15 1 day,	nin are a follows:
8 Trade profession or particular	Date of ons
kind of work dona, as SPINNER, BOOKKEEPER, SAWYER, BOOKKEEPER, etc. BOOKKEEPER	p D.
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Mymes Vectoris
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
2. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME John, W. Beachley  14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? A STORY. Was there an autopsy?
15. MAIDEN NAME TO STY F. Smith  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) filling also the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
TI Parallar	Whare did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE.
7. INFORMANT Edita Peachley (Address) Frederick, M.L.	Specify whether injury occurred in INDUSTRY, in HUME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place PREDY m Cem Middle low Date 170V. 19	19.32 Nature of injury
9. UNDERTAKER CT. 11. (Fladh)	24. Was disease or injury in any way related to occupation of deceased?
(Address) middletom middle	If so, specify
10. FILED 17.00 19, 1932 D. Grang gove Sauce	(Signed) Mes Harp M.
	strar. (Address) What de Journ

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BUREAU V.S.		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	E OF DEA				93-0	
	Frede				Registration Dist. No./3/	
	or City_Fr			./ (If	No. Naryland I. O. O. F. Home St., death occurred in a hospital or institution, give its NAME instead of street and	ward number)
Langth	of rasidenca In c	ity or town where	death occurred	4_yrs0mos	ds. How long in U.S. if of foreign birth?yrsr	nosds.
2. FULL	NAME M	rs. Juli	F. Bedf	ord.		
(a) Re	esidence: No.	Ball	inor	lle	_St., Ward.	
			(Usual place		If nonresident give city or town an	d State
			ICAL PART		MEDICAL CERTIFICATE OF DEATH	
s. sex Female	4. cold	te		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  November 19, (Month) (Day)	, 193 2 (Yaar)
5a. tf married, HUSBANG	widowed, or divo				22   HEREBY CERTIFY, That   attended	d deseased from
(or) WIFE	E of Am.	D. Bedfo	rd		Sect. 1932-10 Moto 18	10 3 2
e Dien of b	Ineri (manth de	Total Control of the	3 30 30	50	I last saw h & alive on nov. 18, 1932	death is said
7. AGE	Years	y, and year) Ju	1 18. 18 Days	If LESS than	to have occurred on the date stated above, at 15P m.	, 000111 10 0010
		5		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada	82 profession or p		ompanion	lormin.	were as follows:	Q-1- 2
NO kin	profession, or p nd of work dona, WYER, BOOKKEI	as SPINNER, EPER, etc.	Aged Pers	on	Mus cardial shrentlice	4-1-0-
9. Indust	ry or business in ork was done, as W MILL, BANK,	n which			6 01	7
SA			1		Om Lite	
	daceasad last wo is occupation (mo ar)	onth and 1/27	11. Total	time (years) 5yrs ent in this upetion		
				upetion	Other Contributory Causes of importance:	1
		Maryla	nd			
1	or country)	D 1			A pleas polerone.	years
13. NAME	Thomas		7 2			
	PLACE (city or t	own)n	land		Nama of operation Date of_	42
1 (3	tate or country)	ouise Gre	9.7		Whet test confirmed diagnosis? Was there an	
15. MAIOE		Rnolar			23. If death was dua to external causes (VIOLENCE) fill in also the following	
16. BIRTH	PLACE (city or to	own)			Accident, suicide, or homicide? Oate of injury	, 19
(3		ls I. C.	O. Home		Whera did injury occur? (Specify city or town, county and St	ate)
17. INFORMAN (Addre	TTherese	rick, ld			Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	LACE.
18. BURIAL, CI	REMATION, OR		2.7	VIII LI COL	Manner of Injury	
			Oate 19V	. 21., 1932	Natura of injury	
	idge Cer		5 0		24. Was disease or injury in eny wey related to occupation of deceased?	345
(Addre	ess)	Htchig	on-kbon		If so, specify	1 1
2	17 www	324,	into	se ale	(Signed) A. Guttin Trasse	M. D.
20, FILED	1 3	199	Ja	Hegistrar.	(Address) Frederica 1	4

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street ear  July 5, 1927 Peritonitis  Other contributory causes of importance:

A. te	STATE OF MARYLAND	CERTIFICATE OF DEATH 11980
infor- state UPA.	1. PLACE OF DEATH	93
	county treolerick to Good	Registration Dist. No. 12/=
item of should of OCC	Village or City/rederick	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
nt nt	Length of residence in city or town where death occurred 35 yrs,mos	How long in U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME OLENTINA M SO	lum
RD. YSI stat	(a) Residence: No. 224 Dell Owe (Usual place of abode)	St., Ward.  If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T. X.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. (Day) (Year)
NE NE	5a. If married, widowed, or divorced HUSBAND of	22. AC I HEREBY CERTIFY. That I attended deceased from
NDING SMANEN X A C T I classified	(or) WIFE of	Nov. 1 1932 to Nov. 29 1932
	6. DATE OF BIRTH (month, day, and year) Unknown	I last saw h LV alive on Nov. 28, 19 32; death Is said
P P d d d l cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Im.
FOR BI IS A PE stated E properly certificate.	about 55 - 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
200	8. Trade, profession, or particular	P. Date of onset
HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which	O brone myocardiles, 10-22.3
KV ould may back	9 - noustry of business in which work was done, as SILK MILL hous keeples.	
H II SH	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or businass in which work was done, as SILK MILL hour feeling. SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
	yaar)	Other Contributory Causes of Importance:
NFADING NFADING plied. AGI rms, so tha	12. BIRTHPLACE (city or town) theolerick Co	1 A P. P. A. P. J.
GII 'AD ed. is, s truc	(State or country)	Ucule delatation of hear 25-11-3
	13. NAME Nicholas Blum	
H U sul	4 14. BIRTHPLACE (city or town).	Name of operation
TT Illy pla	(State of country)	What test confirmed diagnosis? Was there an autopsy? \\
W W efu	15. MAIDEN NAME Elizabeth Odeina  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLE) (CE) fill In also the following:
Cal Cal TH	O 16. BIRTHPLACE (city or town).  (State or country)	Accident, suicide, or homicide? Data of injury, 19
AINLY d be ca DEATH	Pd 13.6	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
LA uld 'DJ	(Address) Treslerich may	Specify whether things occurred in Thousand, in nome, of the Poblic Place.
	18. BURIAL, CREMATION, OR, REMOVAL 1211 Celines	Manner of Injury
	Place Frederick My Data Dec 1 1932	Natura of Injury
-WRITE mation sl	19 UNDERTAKER Starry E. Carty	24. Was disease or injury in any way related to occupation of deceased?
I E O H	(Address) Tracolerica My.	If so, specify The American
, m	20 FILED 1- becambe 193 2 and meline	(Signed) M/D.
· Z	Registfar.	(Address) It I legal the to
	If more/blanks are necded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DFC 3 1934	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Cerebral hemorrhage	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TARGIN RESERVED

V. S. No. 1

item of infor-

-	PLACE OF DEAT	e a sola			.40	Danii .	No. / 3	6
	County Talou	CALL.	00			Ree <sup>st</sup> л[	Dist. No	<i>p</i>
	Village or City	We July	<i>A</i>		MoNo f death occurred in a hospital or instit	tution, give its NAME	instead of street and	number)
	Length of residence in city	or town where	deeth occurred		sds. How long in U.S. if			
2	FULL NAME I	ula	Baux	Pus				
-	(a) Residence: No. /	4060	HI	66.2	St., Ward,			
	(a) Nesidence. No/-	-s. pa	(Usual place	of abode)		If nonresident	give city or town an	d State
	PERSONAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL O	CERTIFICATE	OF DEATH	
3. S	EX 4. COLOR	OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	an	2	•
H	emale Cot		Man	red		(Month)	(Day)	. f93 (Year)
5a. I	If married, widowed, or divor HUSBAND of	ced	1	1 /				
	(or) WIFE of		man	Le V	22. IHEREB	Y CERTIFY	1	deceased 1
				/	I last saw h elive on	Och: 2	7 ,19.3:	
6. D	OATE OF BIRTH (month, day,	Months	Days	If LESS than	to heve occurred on the date sta	1	m	, death 15
•. д	LA	montus	Jays	1 day,hrs.	The PRINCIPAL CAUSE OF DEA		es of Importance	
1	8 Trade explanation or an	rtioutar	1	ormin.	were as follows:			Date oto
ON	8. Trade, profession, or per kind of work done, a SAWYER, BOOKKEER	S SPINNER,		,	Ma and of St			
PAI	9. Industry or business in	which 4	2000	700	Carelina	- line		
0000	work wes done, as SI SAW MILL, BANK, et	ic,	own	4		J		
	10. Date deceased last work this occupation (mon	th and	\$99	ime (yeers) htin this				
	year)		Occi	upation	Other Contributary Causes of im.	portence:		
12.	BIRTHPLACE (city or town)	W1000	J. f.	f				
_	(State or country)	duced	1 xano					
HEX	13. NAME YACU	ac y	Talln	car				
Y	14, BIRTHPLACE (city or toy	vn) 1		G	Name of operation		Date of.	
-!	(Stete or country)	TVIU	yroin	0	Whet test confirmed diagnosis?_		Wes there en	eutopsy?
HEK	15. MAIDEN NAME	(nn	Ul Has	Lman	23. If deeth was due to externel c	euses (VIOL ENCE) fill	In elso the following	ng:
MOM	16. BIRTHPLACE (city or tov	vn) /2			Accident, suicide, or homicide?		Date of injury	, 19
Σ	(Stete or country)	IVICO	you	101	Where dld injury occur?	(Specify city or	town, county and St	ate)
17.	INFORMANT (Address)	1 ans	1/3 CAN	rev	Specify whether injury occurred	in INDUSTRY, in HO	ME, or in PUBLIC P	LACE.
18.	Place Down	ROCK	Dete/_/	V.5 1932	Menner of injury			
f 9.	UNDERTAKER OF COMMENTS	deres	1 to	1	24. Wes disease or injury in eny			
-	FILED YUN 3	32	011	d. O seu	(Signed) BO	Horn	-0-2-	

CTATE OF MADY AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

	OF DEATH			2101m		12	1982
	Frederick		n the Corpora		Registration D		
Village	or City Frederick			No. Frederick fdeath occurred in a horpital or institu	City Hosp	ital St.,	Ward
Length of	residenca in city or town where	a death occurrad		sds. How long in U.S. if o			
2. FULL	NAME Edgar Rs	elph Carte	ae .				
	dence: No. 14 Jeffe		F366 00000000000000000000000000000000000	St Ward.			
(Usualplace of abode)					rive city or town an	d State	
	ONAL AND STATIS				ERTIFICATE	OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIOOWED, D (write the word)	21. DATE OF DEATH	November		2
5e. If marriad, w	idowed, or divorced	1 HEAT LE	14	-	(Month)	(Oay)	(Yeer)
(or) WIFE		ossler		22. GOLHEREBY	CERTIFY		d deceased from
		May 9, 190	7	Coopers	, 1982, to 22		, 19.3.2
6. DATE OF BIR 7. AGE	TH (month, day, and yeer) Years Months	Davis	If LESS than	to have occurred on the date state	nor!		کے; death is said
7. AGE	Years 5 Months	22 Days	1 day, hrs.				10.
8. Treda, p	rofession, or perticutar of work dona, as SPINNER, YER, BOOKKEEPER, etc	Baker		0 +	***************************************	- 1	Date of onset
SAW				racture	Base 7 S	Stull	10/31/3
				- Courte			1-1 9:12
work SAW	or business in which was dona, as SILK MILL, Ca MILL BANK atc.	akes & Cra	ckers	1 June 1	5		
Work SAW	was dona, as SILK MILL, Co MtLL, BANK, atc	31/3211. Totel t	ime (years) 6		5		
N yaer	was dona, as SILK Mill, Ca Mtll, BANK, atc	31/3211. Totel t spa occ	ime (years) 6	Other Contributory Causes of Impo	S		
yaer) 12. BIRTHPLACE (Stata or	was dona, as SILK MILL, Gamille, BANK, atc	31/3211. Totel t spa occ	ime (years) 6	Other Contributory Causes of Impo	prtenca:	Struct	16-31-
12. BIRTHPLACE (Stata or	was dona, as SILK MILL, Committed MILL, BANK, atc.  MILL, BANK, atc.  MILL, BANK, atc.  Maryla (city or town)  Country)  J. P. Cartee.	31/3211. Totel t spa occurand	ime (years) 6	Other Contributory Causes of Impo	prtenca:		16-31-
12. BIRTHPLACE (Stata or 13. NAME 14. BIRTHPL	was dona, as SILK MILL, Committee, BANK, atc.  Leased last worked at 10/3  cocupation (month end  C(city or town)  Country)  J. P. Cartee.  ACE (city or town)	31/3211. Totel t spa occ	ime (years) 6	Other Contributory Causes of Impo	ertenca:		16-31-
12. BIRTHPLACE (Stata or Language 13. NAME 14. BIRTHPL (Stata	was dona, as SILK Mill. Committee, BANK, atc.  Leased last worked at 10/3  Cocupation (month end  Cocupation (month end  Cocupation)  J. P. Cartee.  ACE (city or town)  e or country)	31/3211. Totel to spa occur and	ime (years) 6	Other Contributory Causes of Impo	ortenca: Leur S Street	Date of	16-31-
12. BIRTHPLACE (Stata or Language 13. NAME 14. BIRTHPL (Stata	was dona, as SILK Mill. Committee, BANK, atc.  Leased last worked at 10/3  coupation (month end  country)  J. P. Cartee.  ACE (city or town)  e or country)  NAME  Lola E. H	31/3211. Totel to span occurrence	ime (years) 6	Other Contributory Causes of Impo	ortenca: lewy Street	Date of Wes there an	/6-3/- eutopsy? 22
12. BIRTHPLACE (Stata or Land	was dona, as SILK Mill. Committee, BANK, atc.  Leased last worked at 10/3  coupation (month end  country)  J. P. Cartee.  ACE (city or town)  e or country)  NAME  Lola E. H	31/3211. Totel to spa occur and	ime (years) 6	Other Contributory Causes of Impo	ortenca:  Lewy  Street  New St	Date of Wes there an in also the following the of injurpersonal forms of the following the first section of the following the first section of the fir	eutopsy? 22 ng: 3.1., 19.3.2
12. BIRTHPLACE (Stata or Land	was dona, as SILK Mill. Committee, BANK, atc.  Leased last worked at 10/3  coupation (month end  country)  J. P. Cartee.  ACE (city or town)  e or country)  NAME Lola E. H  ACE (city or town)  a or country)  J. P. Cartee	31/3211. Totel to span occurrent occ	ime (years) 6	Other Contributory Causes of Impo	ortenca:  Lewy  Street  Consess (VIOLENCE) fill  (Specify city or to	Date of	eutopsy? 22 ng: 3.1., 19.3.2
12. BIRTHPLACE (Stata or Land	was dona, as SILK Mill. Committee, BANK, atc.  Leased last worked at 10/3  coupation (month end  country)  J. P. Cartee.  ACE (city or town)  e or country)  NAME Lola E. H  ACE (city or town)  a or country)  J. P. Cartee	31/3211. Totel to span occur and yland hrshman yland ck, Md.	ime (years) 6	Other Contributory Causes of Impo  Courto Court  Courto On  Name of operation Name of operation Name diegnosis?  23. If death was due to external cau  Accident, suicida, or homicide?  Where did Injury occur? Streen	ortenca:  Lewy  Street  Consess (VIOLENCE) fill  (Specify city or to	Date of	eutopsy? 22 ng: 3.1., 19.3.2
12. BIRTHPLACE (Stata or Land	was dona, as SILK Mill. Committee, BANK, atc.  Leased last worked at 10/3  cocupation (month end  C(city or town).  Country)  J. P. Cartee.  ACE (city or town).  e or country)  NAME Lola E. H  ACE (city or town).  a or country)  J. P. Cartee  Maryla  E (city or town).  ACE (city or town).  a or country)  J. P. Cartee  Maryla  Country  NAME Lola E. H  ACE (city or town).  ACE (city or	31/3211. Totel to span occur and yland hrshman yland ck, Md.	ime (years) 6 nt in this upation	Other Contributory Causes of Important Contributory Contributor	Street  Street  Street  Sises (VIOLENCE) fill  (Specify city or by INDUSTRY, in HONelection)	Date of  Wes there an  In also the following tete of injurpely  Pulser  Own, county and Str  ME, or In PUBLIC P	eutopsy? 22 ng: 3.1., 19.3.2

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	13	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S. No.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B)Z)
County Frederick	Registration Dist. No. / 2/:
Village or City Fredericks	No. Frederick City Hasportal Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Mrs. Mary Edua	Calemon
(a) Residence: No.	St., Ward. Remetarin Ma.
(Usual place of abode)	If sonresident give city or fown and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Temale white Married (might word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
To Cos Collmon	160-29, 19 22, to Nov. 30, 1932
6. DATE OF BIRTH (month, day, and year) June 10, 1878	I last sew h 2 alive on 19 2 ; death is seld
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the dete steted above, etm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance
9 Toda confesion a restriction	were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, Hauselman SAWYER, BOOKKEPER, etc.	Cavernon & Trus 21
kind of work done, es SPINNER, Acustum f. SAWYER, BOOKKEEPER, etc	Immfruiz.
10. Date decessed last worked at this occupation (month and 11/28 spent in this occupation year)	Septi caema (non-hunde otay)
m. 10	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)	N + 1/8/1 )
13. NAME John F. hmas	conques ( como : ):
13. NAME John J. March 14. BIRTHPLACE (city or town) March 15.	Name of operation Date of
(State of country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Square G. States or country of the BIRTHPLACE (city or town) - 14	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Ren. 5. 6. Oeleman (Address) The west sum Med.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL A DE	Manner of injury
Place Jandon Jork Sello Blee 3, 1937	Nature of injury
19. UNDERTAKER 4: 13. Blall Suc	24. Was disease or injury in any way related to occupetion of deceased?
20 FILED - December 3 2 mm	(Signed) A Guartina Charl M. D.
Registrar	(Address) Tuckerist, MS
If more Manks are needed, address State Revistrar	PALL N. Charles Street, Baltimore, Requesting 7) S. No. 7

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	•.		
Other contributory causes of importance:		Other contributory causes of importance:	443 4
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

IARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11984
1. PLACE OF DEATH	(157-E)
County Frederick	Registration Dist. No. 13 8
Village or City Mear Barthalows	No.
	death occurred in a hospital or institution, give its NAME instead of street and number)
P	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FOLL NAME	
(a) Residence: No. 47 3 MV My (Usual place of abode)	St Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED ("write the word)  Colored or Divorced ("write the word)	21. DATE OF DEATH Nov. 19
5a. If married, widowed, or divorcad HUSBAND of	(Month) (Bay) (Year)
(or) WIFE of	22. HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) 11 - 13 1932	Hast saw him alive on Now 18 1932 death is said
7. AGE Yaars Months Days If LESS then	to have occurred on the date stated above, at 2,30 Pm.
0 0 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Congenital heart deseal Pate of onset New, 132
< D. Industry or business in which	1932
work was done, as SILK MILL, SAW MILL, BANK, atc	
Shall Ill fill?	
year) pcoupation	Other Contributary Causes of importanca:
12. BIRTIIPLACE (city or town) Mary Land	
E B. 11-0~	
(State or country)	Nama of operation
	What test confirmed diegnosis? Was there en aulopsy? No
E Now Madded	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
John albert Davice	(Specify city or town county and State)
17. INFORMANT Rt 3 My liny Mg	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of injury
Decempon Chape Date 11 - 20, 1932	Nature of Injury
19. UNDERTAKER W. S. Falconer	24. Was disease or Injury in eny way ralated to occupation of deceased? Han
(Addiess) New Martent	If so, spacify
20. FILED 11 - 20, 1932 Lucian 1 Falance Registrar.	(Signad) Ernet P. Rook M. D.  (Address) New Market Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example 11		
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THEFAS V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIA
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V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

STATE OF MARTLAND	CERTIFICATE OF DEATH 11300
1. PLACE OF DEATH	
County medench	Registration Dist. No. 144
Village Dr City Iv Thurmond (If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	
2. FULL NAME still toom - prema	ture infant De Berry
(a) Residence: No. Thursday Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov 28, 1982 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) //- 28"/935 7. AGE Years Months Days If LESS than 1 day, 2 hrs.	19
0 0 0 orOmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) occupation.	Janus Sysacon practice 1/21/32
12. BIRTHPLACE (city or town) In Ulmmonf (State or country)	Other Coutributory Causes of Importance:
13. NAME Frank Parkers -	13131
13. NAME Frank (9 Della Strank)  14. BIRTHPLACE (city or town)  (State or country)  Tredico Nea  13. NAME	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Valley & Miller	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME Delley & Miller  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT F. P. Di Burn - Will (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Turney Control Date 7, 27, 29, 1932	Manner of injury
19. UNDERTAKER A LANGE & DE BERNING	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Resistrat.	(Signed) Morris (Sully M. D.  (Address) Manning of M. J.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

11605

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
٠. ا		1000
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

lo. 144				
St.,	sds.			
or town and	State			
Jay)	198 2 (Year)			
	, 19			
. 19 portanca				
	Date of onset			
Dobn of				
Nas thera an autopsy?				
the following:				
ounty and State In PUBLIC PLA	CE.			

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
V. V.				
Other contributory causes of importance:	- American III	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHE	RSTATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11987
1. PLACE OF DEATH	12-0
County Trederick	Registration Dist. No. 132
4.5 ~	NoSt.,Wo death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME George D. Dinte	rman)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Nov 27, 1932 (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of  A local divine er man	22.   HEREBY CERTIFY, That I attended deceased for
m 1/01/857	UCT Z 0,1932, to hvv 27, 1932; death is:
6. DATE OF BIRTH (month, day, and year)   Arch 2   19	to hava occurred on the date stated above, at
75 8 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. — SAWYER, BOOKKEEPER, etc. — SAWYER, BOOKKEEPER, etc. — SAWYER, BOOKKEEPER, etc. — SAW MILL, BANK, etc. — 11. Total time (years) this occupation (mosth and some spent in this spent in this	Cerebral Hemorrhage ax
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation	Other Contributory Canses of importance;
12. BIRTHPLACE (city or town) Aalafs wille (State or country)	Other Controllery Causes of Importance.
1 1 1 Company	/
14. BIRTHPLACE (city or town) Halkersavelle	Name of operation Date of
(State or country) Marilana	What test confirmed diagnosis? Was there an autopsy? 3
15. MAIDEN NAME Charlotte ofers	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Charlotte Deep 16. BIRTHPLACE (city or town) Middle town	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / arlang Lapter in any	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL +	Manner of injury
Place Wilhern Cemelasyone OV, Q, 19 92	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any wey related to occupation of deceased?
1/200 00	(Signed) Slives Hust
AD FILED / 1077 1 1/ 1027 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Registrar. If more Hanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	H			
Other contributory causes of importance:		Other contributory causes of importance:	HUS	
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.

should state of OCCUPA.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 11988
62	15~
	Registration Dist. No. 138
Village or City Mean new London	NoSt., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Mary Edith De	suly
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 3rd 193 2
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of	22.   HEREBY CERTIFY That I attanded daceased from
1 04 105	132, to May 13, 19,32
6. DATE OF BIRTH (month, day, end year) Months Days If IFSS than	2011
7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the data statad ebove, et
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Culturally Currentered Feb.
2 9. Industry or business in which	1,932
work was dona, as SILK MILL, None	
10. Data daceased last worked at this occupation (month and year) spent in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (Stata or country)	
E 13. NAME Win H Disney	
13. NAME Wm A Disney  14. BIRTHPLACE (city or town)	Name of operation
(Stata or country)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Edwa Column	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME & STATE COMMUNICATION OF THE STATE OF THE	Accident, suicida, or homicide? Date of injury, 19
S (State or country)	Whare did injury occur?
17. INFORMANT Non At Dissines	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) New market (MO)	
18. BURIAL, CREMATION, OR REMOVAL Place New You do Date Nov 6th 19.3	Manner of injury
Prace 1 Vale 1 Vale 1 Vale 1 190	Nature of injury
19. UNDERTAKER Pawell & Waugh	24. Was disease or injury in eny way ralated to occupation of daceased?
(Address) Gibertytown (M)	If so, specify P
20. FILED Nov 5 , 132 Aucian K palconer	(Signad) M. D.
Registrar.	(Address) - Hu Market Mgs

STATE OF MADVIAND CEDTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 neur

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
MINDITIONAL	DI AUE	LOIL	I. O IV I TILIZIV	DIVITINITATION	101	THEOLOGIST

nfor- state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	11353
ould OCC	County Frederick	Registration Dist. No. 13/
item of should of OCC		No. 2/6 & Fourth St., & Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS NS	Length of residence In city or town where death occurred 63 yrs. 6 mos.	2 4 ds. How long In U. S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME Charles Wom Gob	est
RECORD. Every PHYSICIANS Exact statement	(a) Residence: No. 2/6. G. Frourth. (Usual place of abode)	St., Y Ward.  If nonresident give city or town and State
PECO PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Moale White No arreed	21. DATE OF DEATH  (Month)  (Oay)  (Year)
MANEN A C T I assified	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Howottle Newsbaum.	22. I HEREBY CERTIFY. That I attandad deceased from
CXE.	6. DATE OF BIRTH (month, day, and year) Afra 29 1869. 7. AGE Years Months Days If LESS than	that saw h /m aliva on Nov. 23 1932; death is said to have occurred on the date stated above, at 7-25 m.
IS A PE stated E properly ertificate	/ 2 / 9 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
IS IS sta	8 Trade profession or particular	were as follows:
De pe	8. Trade, profession, or particular kind of work dona, as SPINNER Seyston: SAWYER, BOOKKEEPER, etc.	10 hrones nephoritis 1-1-3.
K—TI lould may back	kind of work dona, as SPINNER Sauton SAWYER, BOOKKEEPER, etc.  9 Industry or business in which storms bluech work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date daceased last worked at Many 11. Total time (years)	
	SAW MILL, BANK, atc. Loansetery	V
3 1 0	10. Date daceased last worked at this occupation (month and 1932)  11. Total time (yeb's) spent in this occupation occupation	A
NFADING I NFADING I oplied. AGE erms, so that instructions of	yaai) Ucupanui Jacoba	Other Contributory Causes of Importance:
DIP So Leti	12. BIRTHPLACE (city or town) Arederech (State or country) Manyland	Ant dilatation of
FA FA ied ied ms, stru		23-h-
UNFA supplied n terms,	E 077 - 1 'L	J. A. A.
-75	14. BIRTHPLACE (city or town) Mederlay (Stata or country) Manual and	Name of operation
H (1)		What tast confirmed diagnosis?
W reft	E 25 10 16	Accident, suicide, or homicide? Date of Injury, 19
ca ca TH por	O 16. BIRTHPLACE (city or town) Wedler (State or country) Managelons	Whera did injury occur?
3 PLAINLY, WI should be careful OF DEATH in p	17. INFORMANT Mars Mayotte Ebbert (Address) 2/6 - 6/ Frough St	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
on series	Placest Johns losm Dale Nov-26, 1932	Nature of injury
WRITE mation si CAUSE TION is	19. UNDERTAKER Thomas J. Thice. (Address) Froedonick Mod	24. Was disease or injury in any way related to occupation of occasad?
N. B.	20. FILEDIO - Munks, 1982 Dree J. Meludy! Registrar.	(Signad) (Address) Firederical and
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
		, , , , , , , , , , , , , , , , , , , ,

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis CEIVEI	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Corebral hemorrhage DEC 3 1932	July 5,1927	Perilonitis	3 days ago	
BUREAU V.	3.		:	
Other contributory causes of importance:		Other contributory causes of importance:	1724	
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-à' e-

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11990
1. PLACE OF DEATH	10701
County Trederick	Registration Dist. No. 147
	No.  St.,  if death occurred in a hospital or institution, give its NAME instead of street and number 3803  s. Z. ds. How long in U.S. if of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)  Teruale OR DIVORCED ("write the word)	21. DATE OF DEATH    100   - 22 - 1937   (Month) (Day) (Yeer)
Se. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased fr 22. Nov 21 1932, to Nov 22 1931
5. DATE OF BIRTH (month, day, and year) /931-12-27	I last saw but alive on Nov 24, 1937; death is s
7. AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, atm.
8. Trade, profession, or particular kind of work done, as SPINNER, of Roser, SAWYER, BOOKKEEPER, etc.	Whonehial Thermon a
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked et this occupation (month and spent in this	T AA
11. Total time (yeers) this occupation (month and year)	Other Contributory Causes of Importance:
(State or country)	Other Contributory Conses of Importance:  ai to
13. NAME Albert, Esperithy,  14. BIRTHPLACE (city or town)	Chro
(State of country)	Name of operation. Oate of
15. MAIOEN NAME Creie M. Mildridge.  16. BIRTHPLACE (city or town) Frederick les.	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) treducick les (State or country) trans land	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT About Joseph Chy' (Address) - met, and med	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place respect lemitigate 2000. 25-1932	Manner of Injury
19. UNDERTAKER 6. M. Walts (Address) Historical ned	24. Wes disease or Injury In eny wey related to occupation of deceased? 20
20, FILED 7 27 23, 19 3 2 Yrm 7. le lay Registrar, +	(Signed) (Address) M. Duy Duy

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ogo	
Chronic interstitial nephritis 2 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	Moy 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF M	MARYLAND-CI	ERTIFICATI	OF	DEATH
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11991

1. PLACE OF DEATH	97)
County Frederick	Registration Dist. No. 140
Village or City Words for (IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Chhraim	yler
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH NOT, 25 193 2 (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Sarah & Walty	22. I HEREBY CERTIFY, That I attended daceased from  May 1- 1929, to 1021 25, 1932
6. DATE OF BIRTH (month, day, and year) Febr 24 1836	I last saw hison aliva on Nort 24 , 1932; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last workad at this occupation (month and seems of this occupation (month and seems).	were as follows:  Outline Selection  Date of onset
year) 712 occupation 3 Uggs.  12. BIRTHPLACE (city or town) 772	Other Coutributory Causes of importanca:
(State or country)	
13. NAME Peler Coyler.  14. BIRTHPLACE (city or town)  (State or country)	
14, BIRTHPLACE (city or town)	Name of operation
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary & Longle 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to axternal causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT Millard Coyler (Address) 2lovels boro myd	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MA Itofax. Compate Nov. 28., 1932.	Manner of Injury
19. UNDERTAKER Powell of Changles (Addrass) Words Vor Man	24. Was disease or Injury In any way related to occupation of deceased?  If so, spacify
20. FILED Mov. 22, 1932 & Parell Registrar.	(Signed) World M.D. (Address) World Dard M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	un de la constante de la const	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 7	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	ron	FURTHER	STATEMENTS	BI	PHISICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County trideres	Registration Dist. No. 140
Village or City Horelsboro	No. St. Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Longth of residence in city or town where death occurredmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME (16 Namu) Cyler	
(a) Residence: No.	St., Ward.
(Usual place of abods)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)  There	21. DATE OF DEATH (now when 14, 1932 (Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov-14-19 32	
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, atm.
0 0 1 day,Qhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, /Lowe	xtello-scalles - 20/2 mos abortion
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME / Willard a, Cyren	
13. NAME / Willard a, Eyler  14. BIRTHPLACE (city or town) Mals	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Holda M. Joves	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Alda M. Booles  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Musikand Eyles (Address) Toodsboro	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Stoodsboro Date 1005-15, 19 32	Nature of Injury
19. UNOERTAKER Powell & albangho (Address) Siberly town, Md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO	(Signed) Old Destrone M.D.  (Address) Awarty fown, Md.
V 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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	Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 mm n 1000	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DURBLU V.	July 5,1927	Peritonitis	3 days ago
Other contributory cau	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEAT plnous County Registration Dist. No. item Village or City\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U. S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. RECORD. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended decaasad from (or) WIFE of 5 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days II LESS than to have occurred on the date stated above, at, 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER. SAWYER, BDDKKEEPER, etc .... may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc...... 10. Data deceased last worked at 11. Total tima (years) this occupation (month and) spant in this occupation land Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (Stata or country) carefully MOTHER 15. MAIDEN NAME H 23. If death was dua to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Data of injury\_\_\_\_\_\_ 19. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. should OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury a Data My Nature of injury 24. Was diseasa or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED ... Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I BUNKAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	La contraction de la contracti

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforshould state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED TION is very important.

SI	ATE OF	MAR	YLAND-	CERTIFICATE	OF DEAL	H 115	194
1. PLACE OF DEAT		0		(210-m)		17	7
County Fre	dere	1			Registration Dis	st. No.	/
Village or City Z				No.  death occurred in a horpital or institu	ution, give its NAME is		
2. FULL NAME  (a) Residence: No.	Tema	l ;	Forney	<del>St.,</del> Ward.		,	
		(Usual place		MEDICAL		ve city or lown and	I State
3. SEX 4. COLOR Male Ce	OR RACE	S. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	CERTIFICATE ( (Month)	DEATH (Dev)	, 193 <b>2</b> (Yeer)
5a. If merried, widowed, or divorce HUSBAND of	ed	4		22. I HEREB	Y CERTIFY.	That I attended	
(or) WIFE of	1-					, Indi I attended	19
6. DATE OF BIRTH (month, day,	and veer) 193	30-12-	9	I last saw h aliye on		, 19	; death is waid
7. AGE Years	Months /	Days	If LESS than I day,hrs.	to have occurred on the date stat The PRINCIPAL CAUSE OF DEA were es follows:			
8. Trade, profession, or par kind of work done, a SAWYER, BODKKEEP 9. Industry or business in work was done, es SI SAW MILL, BANK, et 10. Date deceesed last work this excusation (month)	s SPINNER, a ER, etc	A han		Fracture of skull	at bas	بد	Date of onset
9. Industry or business in work was done, es SI SAW MILL, BANK, et	WRICH LK MILL,						
10. Date decesed last work this occupation (mont year)	ed at	spai	ime (years) nt in this pation				
12. BIRTHPLACE (city or town) (Stete or country)	Frederi	of land		Other Contributory Causes of imp	ortence:	************	
13. NAME Class  14. BIRTHPLACE (city or town	ele F	may					
(State of country)	m) Const	ey love	é.	Name of operetion		Date of Wes there an	autopsy?_No_
15. MAIDEN NAME CO	with or	bear.		23. If deeth was due to externel ca	uses (VIDLENCE) fill I	n also the followin	g:
15. MAIDEN NAME CONTROL 16. BIRTHPLACE (city or town (State or country)	n) 6 200	oll las	8	Accident, suicide, or homicide?	-20 1 10	te of injury Zav.	
17. INFORMANT Inc. la (Address)	lander Br	form	Trud.	Specify whether injury occurred	(Specify city or to	wn, county and Sta E, or in PUBLIC PL	ite)
18. BURIAL, CREMATION, OR RE	MOVAL e Court	Dete 22	0-8-1932	Menner of injury Center  Nature of injury	une bas of	iccident	
19. UNDERTAKER lo. 711. Hall ; (Address) Has field ned.				24. Was disease or injury in eny	way related to occupati	on of deceased?	7h
20. FILED 1077 , 15	32 77	Alun	Feeran Registrar.	(Signed) (Address) 4	Leting y	then,	
	If more ble	anks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, R	equesting V. S. No. 1.		

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11935
1. PLACE OF DEATH	9:00
County rederick	Registration Dist. No. 144
Village or City/lear Thurson	No. St., Ward
Length of residence in city or town where death occurred & grs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
Pot 1. 1	1006222
2. FULL NAME CALLERY	with Ward.
(a) Residence: No. / U. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Longer T. Treshman	22.   HEREBY CERTIFY, Tast   attended deceased from
6. DATE OF BIRTH (month, day, and year) March 17-184	71 last saw her alive on frely 2 12 , 1932; death Is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, et 10.30 Cm.
85 8 9 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
Z 8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic Endocardeles 1925
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
work was done, as SILK MILL, which have	
10. Date deceased last worked at this occupation (month and 1921 spent in this 50 year)	
12. BIRTHPLACE (city or town) Man Thurman	Other Contributory Causes of Importance:
(State or country)	
II 13. NAME planed & pilpide	
13. NAME AND	Name of operation Date of
(State of Country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Noh kyrovo	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Which + treshman	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
19 RIIDIAL CREMATION OF REMOVAL	Manner of injury
Place Purmonh B Date Por 39,1932	Nature of Injury
19. UNDERTAKER M. L. Creage tons (Address) Thymnoun MS	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. Nov. 28, 1932 Juna M. Jones Registrar.	(Signed) Morris a Surely M. D.  (Address) Thurmouth Mar
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 3 1982	July 5, 1927	Peritonitis	3 days ago	
PERRAU V. S.				
Other contributory causes of importance:	.4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	J			

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PERMANENT 1	efully supplied. AGE should be stated EXACTLY. P.
V SI	stated
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	WITH UNFADING INK-THIS IS A PERMANENT REC

		y Freder:			•••••••	No	Registra
	Length	of residence in city	or town where	e death occurred	1.D.yrsmo	f death occurred in a sds. How	hospital or institution, give its N long in U.S. if of foreign birth
2					lla Fulton		
	(a) R	esidence: No		(Usual pla	ce of abode)	St.,	Ward.
	PER	SONAL AND	STATIS	TICAL PART	TICULARS	М	EDICAL CERTIFICA
3. 5	ex lemal		OR RACE	5. SINGLE, MA OR DIVORO	ARRIED, WIDOWED, CED (write the word)	21. DATE O	F DEATH November (Month)
5a.	HUSBAN (or) WIF		Walter :	Fulton		22.	HEREBY CERT
6. I	ATE OF B	IRTH (month, day,	and year)	ct. 25. 1	1887	l last saw h	
7. 1		Years 45	Months	Days	If LESS than I day,hrs.	to have occurred o	on the date stated above, at. &
NOCCUPATION 12.	9. tndast WC SA 10. Date th ye	profession, or par not work done, a: WYER, BOOKKEEP try or business in ork was done, as Si W MILL, BANK, etc deceased last work is occupation (mont ar)	s SPINNER, ER, etc	Home	I time (years) pant in this	Other Contributer	e trum processor Local No fronther ry Couses of Importance:
FATHER	13. NAME 14. BIRTH			ginia		Name of operation	ed sin a few hashand
MOTHER		PLACE (city or tow tate or country)		yland		23. If death was du	or homicide?
	NFORMAN (Addre	ss) Po		ton. Rocks, M	d •	Specify whether Ir	njury occurred in INDUSTRY,
18.		St. Pauls-		S. Date No	v8,,19.32	A	
19.	JNDERTA!		Etchis	on & Son			injury in any way related to o

	OF MAR	YLAND-	CERTIFICATE OF DEATH	1996
EATH			(139°-C)	130
lerick			Registration Dist. No/	5 0
Point of		(If	NoSt., death occurred in a hospital or institution, give its NAME instead of street an	d number)
in city or town where o	death occurred	1_D_yrsmos	ds. How long in U.S. if of foreign birth?yrs	.mosds.
lirs. Hell	ie Istel	le Fulton		a desp
0			St., Ward.	odw 
AND STATIST	(Usual place	totales men totales	If nonresident give city or town a  MEDICAL CERTIFICATE OF DEATH	ad State
OLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
nite		D (write the word)	November 6th.,	,,1932
divorced	1 CKSLI LO	u.	(Month) (Day)	(Yoar)
. Walter F	ulton		22.   HEREBY CERTIFY, That I ettende	
	1 05 3	005	har 6 ,1932, to har 6	7.1932
, day, and year) Oc Months	t. 25, 10	If LESS than	I last saw harmalive on 19 3	death is said
ווייייייייייייייייייייייייייייייייייייי	]]	1 day,hrs.	to have occurred on the date stated above, at . 8.5 DP.m.  Tha PRINCIPAL CAUSE OF DEATH and related causes of importance	diam'r.
or particular	1 77	ormin.	were es follows:	Oate of onset
ne, as SPINNER, KEEPER, etc.	lousewife	~	Utoris & hemon hors	Low 3
ss In which as SILK MILL, At	Home		1 contetiment prigin	4 ,
VK, etcworked et	1	ime (years)	na placental tissue seen	
(month and	spa	nt in this	non- full peral. No further information	12-
-, Tr			Other Contributory Couses of Importance:	of ir
wn)V <u>irgini</u>			C++1:1: -0 0	
r Myers.			Patient died sin a few hours, from	
or town) Virg	inia		Name of operation Date of	
(۲)			What test confirmed diagnosis? Was there en	
Jallie Har	per		23. If death was due to external causes (VIOLENCE) fill in also the following	
or town)	land		Accident, suicide, or homicide? Date of injury	, 19
ry)			Where did injury occur?(Specify city or town, county and S	tate)
Point of R		•	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC I	LACE.
R REMOVAL			Manner of Injury	
s-Pt.Rooks	Date TOV	8,,19.32.	Nature of injury	
R. Etchiso	on & Son		24. Was disease or injury in any way related to occupation of deceased?	u
ederick, Ma	1.		If so, specify	
1932 75	Jul. 1	white	(Signed) . and Coulsin	M. D.
-	1	Registrar.	(Address) Parel stru	~

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1	Example II	
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1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July5,1927  Peritonitis  Other contributory causes of importance:

V. S. No. 1

SIAIL OF	F MARYLAND—	CERTIFICATE OF DEATH	1997
County Frede	ich	Registration Dist. No.	30
6	licksville		
Village or City Weav		NoSt.,St.,St. death occurred in a horpital or institution, give its NAME instead of street and	number)
Length of residence in city or town where dea	ath occurredyrs,mos	ds. How long in U.S. if of foreign birth?n	iosds.
2. FULL NAME Sug	an Fulto	<b>u</b>	
(a) Residence: No. neav	Lichawille	St., Ward.	orlw
	(Usual place of abode)	It nonresident give city or town an	1 State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Gemale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 <del>Z</del> (Year)
5a. If merried, widowed, or divorced HUSBAND of		22. I HEREBY GERTIFY, Thet I attended	despeed from
(or) WIFE of unless	wn	trus deal are bed	19 <sup>f</sup>
6. DATE OF BIRTH (month, day, end yeer)	1	Hast sewh Myster sous her 19	: deeth Is seid
7. AGE Yeers Months	Deys If LESS than	to have occurred on the date steted above, et	
79	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	TE COL
8. Trede, profession, or particular	101	were as follows:	Date afonset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Yousekeeper	Partorla sum Culias dias	e Libert
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and			1130
SAW MILL, BANK, etc	13 Tabildina ()	1	
this occupation (month and year)	11. Total time (yeers) spant in this occupation		
153		Other Contributory Causes of Importence:	of ir
12. BtRTHPLACE (city or town) (State or country)		•	
	1 Ital		
T	Michael		
14. BIRTHPLACE (city or town) (Stete or country)	glula	Name of operation Date of	1.1
1 1/1 //	tandenson	Whet test confirmed diagnosis? Wes there an	
15. MAIDEN NAME LAUGH	Cocchune	23. If deeth was due to external causes (VIOLENCE) fill in elso the following	(111)
15. MAIDEN NAME LALLY 16. BIRTHPLACE (city or town) (Stete or country)	giscia	Accident, suicide, or homicide? Dete of Injury	, 19
17. INFORMANT Address)	Conclume	Where did injury occur?  (Specify city or town, county and St. Specify whether Injury occurred in thoustry, in Home, or in Public Plants.	ite) LACE.
18. BURIAL, CREMATION, OR BEMOVAL	Mov. 20.29	Menner of Injury	
Place Market, Jan	Date 2. 4. 4. 190. L	Neture of injury	3
19. UNDERTAKER And Clehe (Address) Frederick	sout Jon	24. Was disease or injury in any way releted to occupation of deceesed?  If so, specify	14
20. FILED NOV 18, 1934 T.C.	Pegistrar.	(Signed) TCly Cylary (Address)	M. D
If more blo	anks are needed, address State Revistrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
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stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	1	J	J	0

County malenick		1570	<b>1</b>
Willage or City This College	n- le.	Registration Dist. No. / 3	
Village or City Mr. offerme		NoSt.,  f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death of	occurredyrs,mos	sds. How long in U.S. if of foreign birth? yrs	10s ds.
2. FULL NAME YOU	by tracel	les	-
(a) Residence: No.	7	St. Ward.	
	(Usual place of abode)	If nonresident give city or town an	d State .
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	R DIVORCED (write the word)	21. DATE OF DEATH 20 (Month) (Day)	, 193 (Year)
5e. If merried, widowed, or divorced HUSBAND of			311-1
(or) WIFE of		22. I HEREBY CERTIFY, That I attended	
7	0020	1   1   1   1   1   1   1   1   1   1	
6. DATE OF BIRTH (month, day, and yeer) 107 7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at	; death is said
, 10	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
2 Trade profession and in land	or LO min.	were es follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7 72 .	Constant To the front	
. Industry or business in which	- the - forther than the same	Ja water our	
work was done, as SILK MILL, SAW MILL, BANK, etc.		- Mondinosty Hydraco 10-	1
Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	The head extremely large. al domen and	
year)	occupation	Other Contributory Causes of Importance Lead sittemely large.	
12. BIRTHPLACE (city or town) Tur, May	lane	- The many congression	
(Stete or country)	-		
13. NAME Transville Is	isler		
13. NAME Graceville Je  14. BIRTHPLACE (city or town)	/	Name of operation	
(State of Country)	<u></u>	What test confirmed diagnosis? Was there an	aulopsy?
15. MAIDEN NAME Solve Meets  16. BIRTHPLACE (city or town)  (State or country)	Donough	23. If death was due to externel causes (VIOLENCE) fill in also the following	g:
[ 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	£	Where did injury occur?	
17. INFORMANT Mess Josanville (Address)	ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL ME. C. Da	ne 21,1932	Manner of injury	
19. UNDERTAKER Suo It Peter (Address) Line deuch M.	iv d R F 8 #2	24. Was disease or injury in any way related to occupation of deceased?	70.
20. FILED Jun 21 , 19 32 4.0, 1	Ludrickson	(Signed) Be Thomas	M. D
	Registrar.	(Address) Inductory	

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V. S. No. 1

1. PLACE Of				Pagistrating Dist as /	3/
-	rederick			Registration Dist. No.	4/
	ity Feagaville	2		NO.  f death occurred in a hospital or institution, give its NAME instead of str  sds. How long in U.S. if of foreign birth?yrs	
				1	H103 G
	ME Glson Gre	- 1	· h-10		I odw
(a) Residen	ce: No. + eags	(Usual place	e of abode)	Ward.  If nonresident give city or to	own and State
PERSON	IAL AND STATIST	ICAL PART	ICULARS /	MEDICAL CERTIFICATE OF DE	ATH .#
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH November 7.	~ 2
male	white	Widow		(Month) (Day)	, 193_ (Year)
Sa. If married, widow HUSBAND of	ed, or divorced				
(or) WIFE of	Ann. S. Smith	h		22. I HEREBY CERTIFY, That I e	
		ec. 31, 1	836	1 last saw h == 2 alive on 2	
7. AGE Yea	monking day; one year,	Devs	If LESS than	to have occurred on the date stated above, at 4 • 30P • m.	19.32; death Is sa
9!		6	1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importan	nce
			ormin.	were es follows:	Date of onse
Z 8. Frede, profes	ssion, or particular				
O CAWAGO	VOIK done, as SPINNER,	Retired			
SAWYER,	business in which	Retired	rmi no	70 - 2	1112
SAWYER, Industry or work was SAW MIL	business in which	Retired eheral Fa	rming	Chronic my occardation	ylan
9 Industry or work was SAW MIL 10. Date decease this occur		eheral Fa	rming time (years)71 ant in this	Chronic Ingocardelis	ylar
year)	business in which s done, as SILK MILL, L, BANK, etc. ed last worked at pation (month and 1922	eheral Fa	time (years)71	Other Contributory Causes of importance:	ylar
year)	business in which Great State	eheral Fa	time (years)71		year
year)	business in which Great State	eheral Fa  11. Total t spa oct and	time (years)71		ylar
year)	business in which Great death of the state o	eheral Fa  11. Total t spa occur and nwald	time (years)71	Other Contributory Causes of importance:	ylar
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12. BIRTHPLACE (cit (State or cour )  13. NAME []  14. BIRTHPLACE (State or cour )	business in which Godone, as SILK MILL, L. BANK, etc  ed last worked at 1922  ly or town) Marylintry)  hristian Green  (city or town) Penna  country)	eheral Fa  11. Total t spa occur and nwald	time (years)71 ent in this cupation	Other Contributory Causes of importance:  Name of operation D  What test confirmed diagnosis? Was ti	here an autopsy?
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year)	business in which so done, as SILK MILL, L. BANK, etc.  ed last worked at 1922  by or town) Maryl:  try or town) Penna country)  ME Catherine  (city or town) Catherine  (city or town) Country)  ME Catherine  Penna country)  **The Country of town of the country	eheral Fa  11. Total t spe occ. and  mwald  Remsburg	time (years)71 ent in this cupation	Other Contributory Causes of importance:  Name of operation	here an autopsy? 10 lollowing:, 19 and State)
year)	business in which so done, as SILK MILL, L. BANK, etc.  ed last worked at 1922  by or town) Maryl:  country)  ME Catherine  (city or town) Penna  (city or town)  ME Catherine  Penna  (city or town)  country)  ME Greenwal	eheral Fa  11. Total t spe occ. and  mwald  Remsburg	time (years)71 ent in this cupation	Other Contributory Causes of importance:  Name of operation	here an autopsy? 10 lollowing:, 19 and State)
year)	business in which so done, as SILK MILL, L. BANK, etc.  ed last worked at 1922  by or town) Maryl:  country)  ME Catherine  (city or town) Penna  country)  ME Catherine  (clty or town) Catherine  (clty or town) Penna  country)  ME Teenwald  Frederick, Mit  10N, OR REMOVAL  Olivet Cem. Frederice	eheral Fa  11. Total tage occurrence and  Remsburg  Remsburg	time (years)71 ant in this upation	Other Contributory Causes of importance:  Name of operation	here an autopsy? 12 Iollowing:, 19 and State)
12. BIRTHPLACE (city (State or county)  13. NAME  14. BIRTHPLACE (State or county)  15. MAIDEN NA  16. BIRTHPLACE (State or county)  17. INFORMANT (Address)  18. BURIAL, CREMAT Place	business in which some, as SILK MILL, L. BANK, etc.  ed last worked at 1922  by or town) Maryl:  country)  ME Catherine  (city or town) Penna  (city or town)  Catherine  Penna  (city or town)  Country)  ME Catherine	eheral Fa  11. Total t spe occ.  and  nwald  Remsburg  and  Remsburg  And  Remsburg	time (years)71 ant in this upation	Other Contributory Causes of importance:  Name of operation	here an autopsy? 10 lollowing:
12. BIRTHPLACE (cit (State or court 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NA 16. BIRTHPLACE (State or (Address) 18. BURIAL, CREMAT Place 19. UNDERTAKER 19.	business in which so done, as SILK MILL, L. BANK, etc.  ed last worked at 1922  by or town) Maryl:  country)  ME Catherine  (city or town) Penna  country)  ME Catherine  (clty or town) Catherine  (clty or town) Penna  country)  ME Teenwald  Frederick, Mit  10N, OR REMOVAL  Olivet Cem. Frederice	eheral Fa  11. Total t spe occ.  and  nwald  Remsburg  and  Remsburg  And  Remsburg	time (years)71 ant in this upation	Other Contributory Causes of importance:  Name of operation	here an autopsy? 12 Ioliowing:, 19 and State) BLIC PLACE.
12. BIRTHPLACE (cit (State or county)  13. NAME  14. BIRTHPLACE (cit (State or county)  15. MAIDEN NA  16. BIRTHPLACE (State or (State or county))  17. INFORMANT (Address)  18. BURIAL, CREMAT Place (Address)	business in which some, as SILK MILL, L. BANK, etc.  ed last worked at 1922  by or town) Maryl:  country)  ME Catherine  (city or town) Penna  (city or town)  Catherine  Penna  (city or town)  Country)  ME Catherine	eheral Fa  11. Total t spe occ.  and  nwald  Remsburg  and  Remsburg  And  Remsburg	time (years)71 ant in this upation	Other Contributory Causes of importance:  Name of operation	here an autopsy? 10 lollowing:



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
SURFAU Y.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
		6	

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

B

County Frederick		Registration Dist. N	139
Village or Cityliean Salue	Closville	No. Manual Side No. Manual Side instead of death occurred in a hospital or institution, give its NAME instead	St Warr
Length of residence in city or town where de-			rsde
(a) Residence: No. Sabilla	(Usual place of abode)	Harbaugh St., Ward.  If nonresident give city	
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF	
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	7 193 2
. If married, widowed, or divorced HUSBAND of	ange	(Month) (D.	(Year)
(or) WIFE of 9130 Der	glu	1 HEREBY CERTIFY, Tha	t I attended daceased from
DATE OF BIRTH (month, day, and year)	pt 9- 1907	I last say he valive on 11-17	, 19_3L death is sai
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	*
25 2	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of imperes as ollows:	portanca Date of onse
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	at the	Munanany	22.010110
Industry or business in which	V your	9	
work was done, as SILK MILL, SAW MILL, BANK, etc	••••	- / www.cases	3-3
10. Data deceased last worked at this occupation (month and	11. Total time (years) spent in this		3-4-
yaar)	occupation	Dthar Contributory Causes of Importance:	4 4
. BIRTHPLACE (city or town) Jeel	enel to		2 2
(State or country)	110		Q. U
13. NAME Warter 2.	Hardaugh		
14. BIRTHPLACE (city or town) (State or country)	eries to	Name of operation	Data of
15. MAIDEN NAME Wass	B. Han a		Vas there an autops/CP_
	e Derie & al	23. If death was due to external causes (VIOLENCE) fill in also	
16. BIRTHPLACE (city or town)	rud	Accident, suicida, or homicida? Date of i	njury, 19
INFORMANT U. L.	larburgh	(Specify city or town, or Specify whather injury occurred in INDUSTRY, In HOME, or I	ounty and Stale) n PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL Place 1 1200 Cerreter	Date 2001. 19, 1932	Manner of injury	
UNDERTAKER U. J.	Things our	24. Was disease or Injury in any way related to occupation of a	deceased? 72.6
FILED Aov 19 1932 6	h 1 VA	(Signed) The Committee	A 11 1

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Example I		Example II	
The principal cause of death and relate of importance were as follows:	d causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1022 \1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREA			
Other contributory causes of importance	e:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
D FOR BINDING	IIS IS A PERMANENT	be stated EXACTL	be properly classified.	of certificate.
MARGIN RESERVED FOR BINDING	WITH UNFADING INK-TH	fully supplied. AGE should I	n plain terms, so that it may l	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be care	CAUSE OF DEATH in	TION is very importan

1. PLACE OF DEATH	12001
County Lerederich	Registration Dist. No.
Village or City Frederick	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Ena Earl Hooper	
(a) Residence: No. Hamilton and (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Famale  4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH, (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  John Hoofer	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	I tast saw h ativa on 19.3 ; death is sa to have occurred on the date stated abova, at 4:30 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Carcho Parenlar Amal Drune Chr. Chologothin Flore
12. BIRTHPLACE (city or town) Muddle town  (State or country) Marylund  13. NAME Lames To Bear	Other Contributory Causes of Importance:  - Acute Christianal alstructure I day
13. NAME James (Bear  14. BIRTHPLACE (city or town) Middle Gray  (Stete or country) Marajland	Nama of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cardela Fulles  16. BIRTHPLACE (city or town) Cumulatura  (State or country) Mary land  17. INFORMANT Learge Coultry  (Address)	23. If death was due to external causes (VIOLENCE) filt in also tha following:  Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  Place Middletour Data Nov 8, 1932	Manner of injury
19. UNDERTAKER ( ) / Aladhill (Address) maddle tour mil	24. Was disease or injury in any way related to occupation of deceased? No.
20. FILED 77 (VOV., 1932 - TM Que Resigner.	(Signed) A Company (Address) A Company (Address) (Address) A Company (Address) (Address of the Company of the C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURLAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates, N. B.-WRITE PLAINLY, WITH

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH ,	92.00
County Frederick	Registration Dist. Np. 13.5
	NDSt., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsm	osds. How long In U.S. if of foraign birth?yrsmos
2. FULL NAME John Eleas Ru	lin
(a) Residence: Np.	St, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
male white predoced	Mar. Loay 1932 (Year)
a. If married, widowad, or divorced HUSBAND of (or) WIFE of Martha Lanes Kula	22. I HEREBY CERTIFY, That I attended daceased for August 183 to Nov. 1
DATE OF BIRTH (month, day, and year)	I last saw b' co elive on No. 10 ; death is:
AGE Years   Months   Days   If LESS than	to have occurred on the data stated above, at 5 - m.
74 9 10 1 dey,hr	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	Data of or
SAWYER, BOOKKEEPER, atc farmes	Arterioselerosis
d. industry or business in which work was done, as SILK MILL, Saueral 7 annual SAW MILL, BANK, etc	Nephrilis
10. Date dacaased lest worked at 11. Total time (years)	Abrtie Valvatar disease
this occupation (month and year) spent in this occupation	COBONAN THOULGOSIS
Wolf :000	Other Contributary Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	
13. NAME HOSPING KILL	
14. BIRTHPLACE (city or town)	N
14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
15. MAIDEN NAME Susan Portner	Whet test confirmed diegnosis? Was there an autopsy? Was there an autopsy?
16 BIDTUDI ACE (sture as Asses)	23. If death wes due to external causes (VIOLENCE) fill In else the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?
Box K. VO	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, IN NOME, OF IN PUBLIC PEACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Settle Cameby Date Mov- v - , 1932	
O. UNDERTAKER Emony 7 7 7 19 (Addrass) Smithlashlashlashlashlashlashlashlashlashlas	24. Was disease or injury in eny way related to occupation of daceased? /// // If so, specify
FILED Nov. 4 1932 Charles Lo Enthermas	(Signad) Line Mark Protes S

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 OEC 8 1885-				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	STATE C	OF MAR	RYLAND-	CERTIFICATE OF DEATH	(11)2
1	. PLACE OF DEATH	linin the O		(000)	093
	County Frederick		are consultable.	Registration Dist. No. / 3/	=
	Village or City Prederick		a	No. St.,  f death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of residence in city or town where	death occurred_4		sds. How long in U.S. if of foreign birth?	
2	. FULL NAME lins. Prima	A. Mars	h		
	(a) Residence: No. # 5 T.			St., Ward.	and the same
en por u		(Usual plac	e of abode)	If nonresident give city or town an	d State
7 .	PERSONAL AND STATIST  SEX 4. COLOR OR RACE	1	RRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
3. 4			ED (write the word)	40n 26	, 193. 2-
5a.	female   white	MIGON		(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of Pierce la	rsh		22. I HEREBY CERTIFY. That I attended	
6. 1	DATE OF BIRTH (month, day, and year)	pt. 1. 1	860	I last saw here alive on 2007 26 ,19 3	
	AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 10 2 2	
	72 2	25	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewi	fe	Hamphlegias Regli	hun 25
220	10. Date deceased last worked at this occupation (month and 10/3 year)	2 11. Total sp oc	time (yeers) ent in this cupation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town)	land			,
~	(State or country)			artero-scherosia	10400,
HE	13. NAME Jacob M. Nore				
FATHER	14. BIRTHPLACE (city or town) Lary (State or country)	and	****	Name of operation Date of Whet test confirmed diagnosis? Was there an	
ER	15. MAIOEN NAME Elizabeth B			23. If death was due to external causes (VIOLENCE) fill In also tha following	
MOTHER	16. BIRTHPLACE (city or town)  (Stete or country)	land		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.	Iliss. Margare INFORMANT Prederick, Id	t larsh,		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	ite) LACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Testminister Cem	l. Date. ΝΩ	v. 29, 1932	Manner of injury	
19.	UNDERTAKER M. R. Etchison (Address) Frederick Mid	å Son.	******	24. Was disease or injury in any way related to occupation of deceased?a  If so, specify	no
20.	FILED 2 8- Arunta 198 2 drag	mec	Registrar.	(Signed) D: Distriction of the Control of the Contr	M. D.

If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	1.3	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis  Chronic intensitiel as heldi	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 3 193	July 5,1927	Perilonitis	3 days ago	
THE THE V. B	0 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	Sec. 127
The principal cause of death and related causes of importance were as follows:	1 3	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ugo
Chronic interstitial nephritis	1921	Run over by street car .	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE LAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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f importance:

1 week ago
3 days ago

1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12095
1. PLACE OF DEATH	(25)
County Magries 4	Registration Dist, No. / 4
Village or City Locky Kill	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harry Groing Mi	ller
(a) Residence: Np.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE R DIVORCED (write the word) Surgel	21. DATE OF DEATH Nov 8 1982 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from november 10" 1932 to Worlman 181932
6. DATE OF BIRTH (month, day, end year) Fuch 5- 1862	I last saw hum alive on hovember 18, 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
70 8 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER.	Inflammation of the Date of onset
kind of work done, as SPINNER, Lehwol Jeacher	Problegland nov 9
kind of work done, as SPINNER, Achival Teacher SAWYER, BDOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (months and	
10. Date deceased last worked et this occupation (month and doubte from spant in this yeer)	
12. BIRTHPLACE (city or town) Mary Land (Stete or country)	Other Contributory Causes of Importence:
13. NAME If m' F Miller	
13. NAME N m H Miller  14. BIRTHPLACE (city or town) Penna —  (State or country)	Name of operation Dete of Whet test confirmed diagnosis? Was there en au'oosy?
15. MAIDEN NAME Lulia a. Heiner	Whet test confirmed diegnosis?
15. MAIDEN NAME Julia a. Heiner  16. BIRTHPLACE (city or town) 700	Accident, suicide, or homicide? Dete of injury19
(State or country)	Where disk injury occur?
17. INFORMANT Miss Hlorence & Miller (Address) Hagertoneye and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA	Manner of injury
Place Bocky Lidge Dete New 21, 1932	Neture of injury
19. UNDERTAKER Willhigh 4 Creeger (Address) Thurmont and	24. Was disease or injury in eny way releted to occupation of deceased? NOT
20. FILED 10 x. 10. 1932 Ama M. Jose Registrar.	(Signed) J. D. S. Magung M. D. (Abdress) Graffhant maryland
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	. 1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
# DEC \$ 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12095
1. PLACE OF DEATH	(2)
County Arederick	Registration Dist. No. 139
Village or City State Sanatorum	No. Mo. St Ward
Length of residence in city or town-where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Charles & V	Molen
(a) Residence: No. 7 1 9 Park Cure (Usual place of abode)	St., Ward. Brusswick Md  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25, 198 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) 27, 1915	i last saw h Mm. eliva on MOV 25 19.3 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, atm.
17 9 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, A class of the second seco	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and	Butmonary Tuberculosis
10. Date deceased last worked et this occupation (month and year)	0
12. BIRTHPLACE (city or town) maruland	Other Contributory Canses of importance:
(State or country)	
# 13. NAME William E. Moler	
14. BIRTHPLACE (city or town). Maryland. (Stete or country)	Name of operation.  What test confirmed diagnosis? Church Xray Y Was there an en'oney?
15. MAIDEN NAME Lillie M. Danner	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lilie M. Damer  16. BIRTHPLACE (city or town) Maryland.  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Chas E. Moler	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) V3 WWW. Mg	
Place 3 rundwich Date unknown	Manner of injury
19. UNDERTAKER C. H. F. LEX SON	24. Was disease or Injury in any way related to occupation of deceased? NO
20. FILED. 41/25 , 197	(Signed) Alwart J. Shaffer M. D.
Registrar.	(Address) Male Sandoner Mo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	444	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis DEC 5 1932	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	Moy 1,1923	Gastroenteritis	1 year		

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

	S	STATE (	JF MAR	YLAND-	CERTIFICATE OF DEATH 12007
1. 1	PLACE OF DEA	TH			24
	County_Frederick			Registration Dist. No. 121=	
	Village or City_Fr				No. Frederick, City Hospital St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in o	city or town where	death occurred	yrs, <sup>6</sup> mos	dsdsmos in U.S. if of foreign birth?yrsmosds.
2, 1	FULL NAME.	Betty Ann	Palme	2 p	
	(a) Residence: No.	103 V. T	hird St (Usualplace	of abode)	St., Ward. Vear New arket  If nonresident give city or town and State
	PERSONAL AN	ND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX		or or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
H	married, widowed, or div	vorced			22. I HEREBY CERTIFY, That I attended deceased from
(	or) WIFE of				200 2 4 ,193 2, to Zeon 28 ,1932
6. DAT	TE OF BIRTH (month, da	av. end veer)	June 6.	1931	I last saw h ative on
7. AGE		Months	Days	if LESS than	to have occurred on the dete stated above, at 23 cm.
	1	5	22	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
CUPATION	3. Trade, profession, or plant wind of work done SAWYER, BDOKKE 3. Industry or business i work was done, as SAW MILL, BANK, Date deceased last wothis occupetion (m.	, as SPINNER, EPER, etc in which SILK MILL, etc orked at	Sp8	time (years)	Transgetio (Inherestar?)
12. Bl	RTHPLACE (city or town (State or country)			upetion	Other Contributory Causes of importance:
œ   ,		oarman			-
王		7.5.	vland		
¥ 14	I. BIRTHPLACE (city or t (State or country)	lown)	A T CO THE		Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
œ 15		laine Pa	lmer		23. If death was due to external causes (VIOLENCE) fill in also the following:
Σ	6. BIRTHPLACE (city or to (State or country)	C. Child	yland rens Aid	Socity	Accident, suicide, or homicide?
17. IN	FORMANTFree	dericky !	M.		opening minutes in an inclusion in inclusion, in including, or in courts (EACL)
18. BU	RIAL, CREMATION, OR Place NEW Mai	REMOVAL ME.	Cen. No	V. 30, 1932	Manner of injury
19. UN	DERTAKER M. B. (Addiess) Tred	Atchiso	n f. Son.		24. Was disease or injury in any wey related to occupation of deceased?
20, FII	LED 30 - Morendo		a mi	Registrar.	(Signed) M. D.  (Address) Dender Street Beltimore Program 71 S. N.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilcpsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gostroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilopsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

	infor-	state	UPA-	
V	Jo :	pln	CCC	
1	item	sho	of (	
1	Every	IANS	ment	
1	RD.	YSIC	state	
	ECO1	PH	tact	
	T R	Y.	Ex	
האלק האלק	ANEN	ACTL	ssified.	
	ERM	EX	cla	å
MAINTIN INTERPRETATION TO THE PRINCIPLE OF THE PRINCIPLE	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
2		be s	be p	of co
T A VI	K-TH	plnou	t may	back
CITA	G IN	GE s	hat i	ns on
	DIN	٧.	so t	actio
5	UNFA	upplied	terms,	instru
	TH	ly su	lain	Sec
	WI	reful	in p	ant.
	INLY,	be ca	EATH	import
	PLA	pluo	F D	rery
	ITE	n sh	SE 0	I is
	-WR	matic	CAU	TIOL
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	ż			

V. S. No. 1

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	Entrata Co
1. PLACE OF DEATH	· U Elle			2098
County Treatr	ick	CH OF THE PARTY OF	Registration Dist. No. 13	/=
Village or City Freder	cell City	Hospital	- No	Ward
Length of residence in city or town wher	e death occurred		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	
2. FULL NAME Baley	4,00	P	P	
(a) Residence: No. Noth	Da	JEWW. P.	Mark Al Chin	
(a) Residence: No	(Usual place	of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	S. SINGLE, MAR	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH	
Semale. White	-	D ( while the hore)	(Month) (Day)	, 193. 2 (Year)
5a. If merried, widowed, or divorced HUSBAND of			22.   HEREBY CERTIFY That Lattende	
(or) WIFE of			22. I HEREBY CERTIFY, That I attende	
6. DATE OF BIRTH (month, day, and yeer)	Zevo: 20	6-1932	I last saw h alive on	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, atm.	, 00001113 3010
	_	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	1-	, , , , , , , , , , , , , , , , , , , ,	Odial o	Oata of enset
SAWYER, BOOKKEEPER, etc.			Sulforn/	
Industry or business in which work was done, as SILK MILL,	000001145 1980			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total	ime (years) .	•	
this occupation (month and year)	spe occi	ntin this upation		
12. BIRTHPLACE (city or town)	effer.	•	Other Contributory Causes of Importance:	
(State or country)	and			
13. NAME Ferris Roose	welf. Per	w.		
13. NAME Ferris Roose 14. BIRTHPLACE (city or town)	noll la	-1	Name of operation Date of	
(State or country) 2	naylan	P. (	What test confirmed diagnosis? Was there en	
15. MAIDEN NAME 'MOS BE	red Bu	Brokan	23. If death was due to external causes (VIOLENCE) fill in also the follow	
0 16. BIRTHPLACE (city or town) Ca	tho c	000	Accident, suicide, or homicide? Date of Injury	
Stete or country)	mi	/	Where did injury occur?	
17. INFORMANT Im. Janis C	R. Penn		(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	tate) PLACE,
18. BURIAL, CREMATION, OR REMOVAL	y. Zeed			
Place Since Save &	It hate no	5-26-1082	Menner of injury	
la 420 M	Jos		Nature of injury	
19. UNDERTAKER (Address)	all of		24. Wes disease or injury in eny way related to occupation of deceasad?	
	1 / high	0 0	If so, specify	11
20. FILED 24 Am, 19 22 0	a VIn	Registrar.	(Signed) Autury Wars	M. D.
76		Registrat.	(Audiess)	J-17.44

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ano Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: · Gallstones May 1.1923 Gastroenteritis 1 year

X	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
SINDING	ERMANENT RECO	EXACTLY. PH	classified. Exact	e.
MARGIN RESERVED FOR BINDING	INK-THIS IS A P.	should be stated	it may be properly	on back of certificat
MARGIN RE	ITH UNFADING	lly supplied. AGE	plain terms, so that	. See instructions
	-WRITE PLAINLY, W.	mation should be carefu	CAUSE OF DEATH in	TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH		(731)	199
County Inderex		Registration Dist. No.	37
*	town)	NoSt., f death occurred in a hospital or institution, give its NAME instead of street and	war
Length of residence in city or town where d	A - 1	sds. How long in U. S. If of foreign blrth?yrsrs	10sd
2. FULL NAME acura	C. Koberto		
(a) Residence: No.		St., Ward.	
PERSONAL AND STATISTI	(Usual place of abode)	If nonresident give city or town and	State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
truste Colores  5a. If married, widowed, or divorced	OR DIVORCED (write the word)	(Month) (Day)	, 193 2 (Year)
HUSBAND of Office A	obrels	22. Mov   HEREBY CERTIFY That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	leunin 1843	20	; death Is sai
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on tha date stated above, atm, The PRINCIPAL CAUSE OF DEATH and raiated ceuses of importanca were as follows	- , uoutii 13 dei
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BODKKEEPER, etc.	versework	wera as rollows My ocordities	Date of onset
kind of work done, as SPINNER SAWYER, BODKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et this recursion (morth and	/		-
10. Date deceased lest worked et this occupation (month and year)	11. Total time (years) spent in this occupation		-
12. BIRTHPLACE (city or town) Md	>	Othar Contributory Causes of Importance:	
	4.0%	- Cmonio rapurals	1932
7	nd		
(State or country)	'-1 M	Name of oparation	
15. MAIDEN NAME	week swall	What test confirmed diagnosis?	
16. BIRTHPLACE (city or town) Va	)	23. If death was due to extarnal causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
E (Stata or country)	A /	Where did injury occur?	
17. INFORMANT Vorgie / Co (Address) Kiberte	borto mos	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL Piace Warry foron	Date 701 12 1982	Manner of Injury	
19. UNDERTAKER TOWNS TO (Address) Riberty to	albaugh	24. Was disease or injury In eny way related to occupation of deceased?  If so, specify	No
20. FILED 20 10 1932 7	Alien fareau.	(Signed) Oty 13, Stone (Address) & Worly Lown Md	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEO 5 1932	July 5,1927	Peritonitis	3 days ago
BURRAD W.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-S mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1

	) MAR	YLAND-	CERTIFICATE OF DEATH	010
1. PLACE OF DEATH			23	
County <u>Prederick</u>	************		Registration Dist. No. 141	
Village or City Knowvill			NoSt,_ f death occurred in a horpital or institution, give its NAME instead of street an	
Length of residence in city or town where	death occurred	yrs,Omos	ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FULL NAME 1rs. Dliz	abeth Ma	y Shafer		s el tel
(a) Residence: No.	(Usual place		St., Ward. Hear Burkittsville If nonresident give city or town a	nd State
PERSONAL AND STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE white		RRIED, WIDOWED, D (write the word) N	21. DATE OF DEATH  November 13th.,  (Month) (Day)	193 2 (Year)
5a. If married, widowed, or divorced HUSBANO of Those K. SI 6. DATE OF BIRTH (month, day, and year)	nafer	63	1 HEREBY CERTIFY. That I attended to the saw har alive on Marie 1932	- 1932 Z
7. AGE Years Months	Oays	If LESS than	to have occurred on the date stated above, at 1.45Pem.	death.is said
69 . 4	11	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	frate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewi	fe		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	Home	ime (years) nt in this upation #0	Pulmonary Interculosia	Unknown
12. BIRTHPLACE (city or town) laryla) (State or country)	odbc		Other Contributory Causes of importance:	DITE.
13. NAME Fzra I. Karn.			Water Market	WINITED
13. NAME Fzra I. Karn.  14. BIRTHPLACE (city or town) Maryl (State or country)	and		Name of operation Date of What test confirmed diagnosis?	
15. MAIOEN NAME Julia Jil	lard		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) Merry (State or country)	yland		Accident, suicide, or homicide? Date of Injury	
17. INFORMANT Archie T. Shaf (Address) Frederick,			Specify city or town, county and S Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	tate) *LACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury	
Place Burkittsville, M		16, 19 32	Nature of injury	
19. UNDERTAKER Frederick, 19. (Address)	on & Son.		24. Was disease or injury incomy way related to occupation of deceased?	100
20. FILEO DON 14, 1932 M	v. # 8	1 Hickgran.	(Signed) (Addyess) Summerful - Ma	M. D.
If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term-"laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 3 19 1	July5,1927	Peritonitis	3 days ago
BURRAUVE			, ,
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		h	

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 12011
County Frederick	Registration Dist. No. 1 4 5
11	
Village or City /74EXX///E	NDSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or flown where death occurredyrsmos	
2. FULL NAME (1) contes, & open	Charles 6, Dhank)
(a) Residence: No. My will made (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrie, the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Marin Co Strain	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7/11/18-1959	1 last saw h Telisons et d Jeak 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
72 //. 22 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of onset
SAWYER, BDDKKEEPER, etc.	1
Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	pheale Deptaligh
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date decessed lest worked at this occupation (month and spent in this, f., f.	Grokary nrawbasis
year) 1932. occupation Uptania	Other Captributers Capter of importance
12. BIRTHPLACE (city or town) Mysilb	Other Contributory Causes of importance: Aarlie Cardio Vaseular Listase
(State or country)	
14. BIRTHPLACE (city or town) Many (color country)	Arteria Selerasis
14. BIRTHPLACE (city or town) May col	Neme of operation
(State of country) / wear 11 g resided,	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Synam Coarlinday  16. BIRTHPLACE (city or town) - Many for 1	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) - I I Day Torol (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT May le Shenh, (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL mysilf met	Manner of Injury
Placet Tanh. Otralay   Dete 1/-12, 1932	Nature of injury.
19. UNDERTAKER Better British Ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED NOV. 12 /1932, William S. Wachtel Registrar.	(Signed) Lock/Waters. MA: M. D. (Address) Melarselle M.
	2411 N. Charles Street, Baltimore, Requesting U. p. No. 1.

CTATE OF MADVIAND\_CEDTIFICATE OF DEATH

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	rinament Allendaria	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AU 7.8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

infor-

BINDING RESERVED ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1 1000	Other contributory causes of importance:	
May 1,1928	Gastroenterus	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car  July 5, 1927 Peritonitis

IS A PERMANENT RECORD. Every item of inforshould state Exact statement of OCCUPAstated EXACTLY. PHYSICIANS properly classified. See instructions on back of certificate. UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PLAINLY, WITH TION is very important.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

1. PLACE OF DEATH		The state of the s
County	- New 7 William	Registration Dist. No. 13/
Village or City T		No. St., Wal f death occurred in a hospital or institution give its NAME instead of street and number)
Length of rasidenca in city or town whare da	sath occurredmos	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME	- Unon	woun
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give-eity or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of		22. J. HEREBY CERTIFY, Jhat I attanded daceased fro
)	70m, 20-32	i last saw h alive on 19 death is say
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months	Days If LESS than 1 day,—hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	1 ormin.	ware as follows: Date of one
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc	none	Princeting brish
10. Data daceased last worked at this occupation (month and yaar)	11. Total time (years) spant In this occupation	
12. BIRTHPLACE (city or town) (State or country)	rederick	Dther Contributory Causes of Importance:
13. NAME (13 man)	m P. Snowde	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	-	Nama of operation
	lan too	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	at les ma	23. if death was due to external causes (VIDLENCE) fill in also the following:  Accidant, suicide, or homicide?
17. INFDRMANT (Address)	water my	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL Place Fairwiew Com	Date Nov-21 , 1937	Mannar of injury
19. UNDERTAKER Thomas 5. (Addrass) Goodsich	Roice	24. Was disaasa or injury In any way related to occupation of deceased?
20. FILED 21- POT, 1932	Janterusy Registrate	(Signed) M. (Address) M.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
Other and the same of the same			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

			OF MAR	YLAND-	CERTIFICATE OF DEATH 12014
1	. PLACE OF DEA	TH WILL	to the Lines	even come A	92:0
	County Frede				Registration Dist. No./3/
	Village or City	rederick			No. 116 Fee St., Ward
	Langth of residence in o	ity or town where	death occurred. 2	6 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2	. FULL NAME	aniel Sn	eals	0	
	(a) Residence: No.		~ ~ ~ * / / / /	e. Filley	St., Ward.
670000			(Usual place		If nonresident give city or town and State
	PERSONAL AT		,		MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COL	OR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 22nd. 2
		ored	Marr		(Month) (Day) (Year)
5a.	If marriad, widowad, or div HUSBAND of	orcad	11.		22, I HEREBY CERTIFY. That I attended dacaased from
	(or) WIFE of	lany	HULL	(Red Letter	Nov 2 ng ,1932, to Nov 22 ,1932
6	DATE OF BIRTH (month, da	y and year)	Cet. 17,	1866	Hast saw hum aliva on Mov 22 1932 daath Is sald
_	AGE Years	Months	Days	If LESS than	to have occurred on the date statad above, atm.
	66	1	6	1 day, hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causas of Importanca
_	8. Trade, profassion, or p	erticular		1 01	ware as fottows:
OCCUPATION	kind of work done SAWYER, BODKKE	, as SPINNER, EPER, etc.	Laborer		Valmilar Near Wescase
PAT	3. Industry or business i	n which	Brick & C	oal Yard	
CU	work was done, as SAW MtLL, BANK,				
00	10. Data decaased last wo this occupetion (mo	onth and/	21 11. Totel 1	time (years)20yrs	
	yeer)		OCG	upation	Other Cautributory Causes of Importance:
12.	BIRTHPLACE (city or town	Maryla	nd		
~	(State or country)			P-000000	
FATHER	13. NAME Danie	l Speaks	0		
AT	14. BtRTHPLACE (city or t	own)	and	~	Name of operation
_	(Stete or country)				Whet test confirmad diagnosis? Was there an aulopsy?
MOTHER	15. MAIDEN NAME	ary Boon			23. If daath was due to external causes (VIOL ENCE) fill In also the following:
0	16. BIRTHPLACE (city or t		land		Accident, suicide, or homicide? Data of Injury, 19
Σ	(Stete or country)				Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT	Alice H	all,		Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	(Address) Frede		•		
18. BURIAL, CREMATION, OR REMOVAL  Place Frinkiew. Frederick Data. Nov. 25. 19.52		25 .0 50	Manner of injury		
		ert V. D			Nature of injury
19	UNDERTAKER	سيدام شمرين	indiani.		24. Wes disaasa or Injury In any wey related to occupation of deceased?
	(Addrass)		10		If so, specify
20	FILED 25-NOV	1932 0	Junter		(Signad) M. D.
		-	/	Registrar.	(Address) — Ine derect mg
		If mor	e blanks are needed,	addres State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, unining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory gauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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2.5				

V. S. No. 1

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1000	County
) j(	Village
nt c	Length o
mei	2. FULL
statement	(a) Res
act	PERS
Ex	3. SEX
lassified.	5a. If married, v HUSBAND (or) WIFE
y c	6. DATE OF BIE
roper	7. AGE
be p	8. Trade, skind SAV
may	Andustry wor
it m	SAY
that it	O this yeer
0 7	12. BIRTHPLAC
s, s	(Steta o
terms, s	H 13. NAME
ain	H 14. BIRTHP
in plant.	15. MAIDEN
	16. BIRTHP
CAUSE OF DEA	17. INFORMANT
3 OF is ver	18. BURIAL, CRI
SE	Place
CAU	19. UNDERTAKE
	20 FILED 2

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Frederick	Registration Dist. No. / 40
Village or City Iroutville	NDSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
^	O ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Infant Staub	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Mov. 12, 1932	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end releted causas of importance
8 Trade profession or particular	were es follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Ondustry or business in which	Stillborn
Andustry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, atc	
this occupation (month and spent in this occupation occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Steta or country)	An en saturaly
13. NAME ALAS KARAN	
14. BIRTHPLACE (city or town)	Neme of operation Deta of
(Stete or country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Celler Mary & Carl	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicida, or homicide? Deta of Injury, 19
17. INFORMANT Stella My Saul (Address) Woodslow mil	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Par Hill Dete Mrv. 13, 1932	Manner of injury
19. UNDERTAKER Powell & Albaugh (Addiess) Walship md.	24. Was disease or injury in any way releted to occupetion of deceased? 24
20. FILED Mov. 13. 1932 - Powell Registrar.	(Signed) Calcult? Release M. D. (Address) Delour 220
Acgistat,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example L		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	948)
County Prederich	Registration Dist. No.
Village or Gity Near Gellow Springs	NpSt., Ward
(1)	ND. ————————————————————————————————————
0	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Gdw. Stone	
(a) Residence: No Wear Fellow Storing	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Widowed	Nov (3 .193 2 (Month) (Day) (Year)
5e. if married, wildowed, or divorced	
(or) WIFE of Thoda lo Linton	22. HEREBY CERTIFY, That I attended deceased from
	Hast saw h hm alive on 5 ound him steading 32; death is said
6. DATE OF BIRTH (month, day, end year) Feb 2, 1865 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at S-CO-Fm.
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset Nov. 13.
8. Trede, profession, or particular kind of work done, es SPINNER. Frammer SAWYER, BOOKKEEPER, etc.	7 -1 1 1 1 1 1 1 2 2
Shindustry or business in which work was done, es SILK MILL, Own Framm	Opronary thromposes
Date daceased last worked at this occupation (month and spent in this spent in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Vear Fellow Springs	
(State or country) Maryland	-
13. NAME George Stone	
I 14. BIRTHPLACE (city or town) Frederich Go	Neme of operation
(State or country) Maryland	What test confirmed diagnosis?
15. MAIDEN NAME Loucinda Cannon	23. If death was due to axternal causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Toeslerich 60	Accident, suicide, or homicide?
(State of County) Marylana	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Most Carmon Staley (Address) Near Gellow Syrings	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PloBook Will Game. Date Nov 15, 1932	Nature of injury
19. UNDERTAKER Thomas P. Bice.	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Firederick	If so, specify The A
20. FILED 4- how, 1932 Arthury Registrat.	(Signed) A A A A A A A A A A A A A A A A A A A
If more blanks are needed, address State Registrar.	1 Control of the cont

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 3 1952	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:	14 44000	Other contributory causes of importance:		
Gutownes	May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

County Tredarlak	Registration Dist. No. 1 4 5
Village or City Mydresaelle 24	No. St., W
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME 2) +1/1/Lexce Jan	WAF)
(a) Residence: No. Mugrasuelle.	Mst. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Fill Axel	21. DATE OF DEATH (Month) (Day) (Yeer)
a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Stillarul	22. I HEREBY CERTIFY, That I ettended deceesed t
. DATE OF BIRTH (month, day, end year) Nach 18- 35	I lest saw h
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
a 0   1 day, 3 hrs.	mare as follows:
8. Trede, profession, or particular kind of work done, as SPINNER.	Date of or
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Jutra alerine asphysia
SAWYER, BOOKKEPER, etc  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (manife and this procession).	
10. Date deceased last worked at this occupation (month and yaer) 11. Total time (yeers) spent in this occupation	
2. BIRTHPLACE (city or town) Muses alle us	Other Contributory Causes of importence:
(Stete or country)	Mensoulal Grandel
13. NAME ITER Gazer The token	all 1
13. NAME // CE Garer She phey 14. BIRTHPLACE (city or town) - There is kelly see	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was thara an eulopsy?
15. MAIDEN NAME / Ana Cofinalieth fulls	23) If death was due to external ceuses (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town) - Meffersaelle us	Accident, suicide, or homicide? Dete of Injury, 19
Ym-, Gi. A	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT / Laskes - North Color Sache. Mr. d.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Myeraville M.d. Date NOV 21, 1932 Deting as & E	Neture of injury
9. UNDERTAKER O. G. Jons.	24. Was disease or injury in any way releted to occupetion of deceesed?
(Address) myersville, maryland,	If so, specify
O. FILED MOV. 19., 1932 William S. Wachtel	(Signed) Lack Walley, AN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1			Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SECEIVED!	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	DEC 6 1020	July 5,1927	Perilonitis	3 days ago	
	PERFAU V.S.				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gollstones		Moy 1,1923	Gastroenteritis	1 year	
				<u> </u>	

V. S. No. 1

should state

of OCCUPA-

STATE OF MARYLAND	-CERTIFICATE OF DEATH 12018
1. PLACE OF DEATH	93.0
County Industry	Registration Dist. No.
Village or City Romanowek	No. St., Ward
Length of residence in city or town where death occurred yrs.  2. FULL NAME MS Madelia & Dans	(If death occurred in a horpital or institution, give its NAME instead of street and number) mos. As. How long in U.S. if of foreign birth?
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH
Genale White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced PUSBAND of a (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS that 1 day,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yeer)  11. Total time (years) spent in this occupation	artis-Roberté Demutia Ostes
12. BIRTHPLACE (city or town) (State or country)  13. NAME AM H Volkson	Other Coutributory Causes of Importance:
13. NAME // / Close  14. BIRTHPLACE (city or town) / (State or country)	Name of operation Date of What test confirmed diagnosis? Name Was there an autopsy?
15. MAIDEN NAME De Colina Genname  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT AM Sylvania Market (Address) Brungues M	Specify whether Injury occurred In INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place I Downsoll Josh Date Nov 6 , 193	Manner of injury Nature of injury
19. UNDERTAKER CAPPEZ TZ Y DON (Address) Burnswick med	24. Wes disease or injury in any way related to occupation of declased? NO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Her GIO Registar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral kemorrhage	July 5,1927	Peritonitis	3 days ago
DECLES DECLES DESCRIPTION			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	14.

BINDING

FOR

RESERVED

ARGIN

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Example 1			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BUREAU V. S.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	A second	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	DEC 103	3 days ago
			RECEIVED	5
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR	FURTHER STA	TEMENTS BY	PHYSICIAN
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V. S. No. 1 N. B. of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12020
1. PLACE OF DEATH	100
County Frederick	Registration Dist. No. 138
Village or Chy Boyers Will - new ma	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Blanche Wiles.	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. color or race or Divorced (write the word)  Jemale White Narried	21. DATE OF DEATH  OU.  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced  HUSBAND of  (or) WIFE of Harry W. Wiles	22. I HEREBY CERTIFY, That I attended deceased from 28th 1932 to New 10th 1032
6. DATE OF BIRTH (month, day, and year) Now, 20, 1893	I last sew here elive on Now 10 th, 1932; deeth is said
7. ACE Years Months Oays If LESS than	to have occurred on the date stated above, at 10.30 Pm.
g C I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Were as tollows: Undulant Fluer Oct 2 Set
9. Industry or business in which	1932
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: about ton from six weeke Oct 28th
(State or country) Mary and	Kelgnancy with severe 1932
13. NAME Harry & Wright  14. BIRTHPLACE (city or town) (State or country) Mary Land	Name of operation Date of Date of What test confirmed diagnosis and glutination was there an autonov? No.
X IS MAJORN NAME Of A A A A	The street of all one of the street of the s
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?, 19, 19
17. INFORMANT Coy wright (Brother)  (Address) & Mandalltown Md.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Place Middletown. Oate //-/3-,1932	Menner of Injury
19. UNDERTAKER WE Falconiers (Address) New Market	24. Was disease or Injury In any way related to occupation of deceased? Notice of the second of the
20. FILEO Nov 12 , 1032 Lucian K. Frakouan Registrar.	(Signed) Circuit P. Rawp M. O.  (Address) New Market Md. M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURTAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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ADDITIONAL SI	PACE F	FOR H	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No.

item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH 12021
1. PLACE OF DEATH	(46)
County	Registration Dist. No. 121
Village or City Tasker	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & Shink how	zonny
(a) Residence: No. 76 - Smarker	U St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorded and Frederick	
(or) WIFE of your	22. I HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) 2 1 8 8 4	I last saw h A dive on 1 - R 19 - death is said
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, atm.
47 // 1 day,hrs.	mara se fallame.
8 Trade profession or particular	Date of onet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cumperal & clamba 15
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this prograption (month) and	ew. G
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributary Causes of Importance:
13. NAME JOSANO LE ROSA	Chate mephretis.
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Oate of Oate of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME V men C. Madwel	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placellet Jehn Elle Date 18 Ameunte, 1922	Nature of injury
19. UNOERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 9 - Mrc. , 198 2 800 J McCury Registrar	(Signed) (Address) (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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